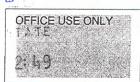


STATE OF ARIZONA APPLICATION FOR CERTIFICATION

AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)



☐ Initial Application ☐ Amended Application		FILERID 20493139
NAME OF CANDIDATE	OFFICE SOUGHT (include Legi	islative District, if P157
Jeff Dial	applicable) State N	Representative
ADDRESS (NUMBER & STREET)	CITY	STATE ZIP
14625 S. Mountain Pkny #1020	Phoenix	AZ 85044
MAILING ADDRESS (if different from above)	CITY	STATE ZIP
CANDIDATE'S TELEPHONE # CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRE	SS
480 203-9616 480759-1736 CANDIDATE'S PARTY AFFILIATION (if any)	ID @ Jeffd	igl.com
CANDIDATE'S PARTY AFFILIATION (if any)		
Republican		
NAME OF CANDIDATE'S COMMITTEE		
Jeffiol.com COMMITTEE'S ADDRESS		
COMMITTEE'S ADDRESS	CITY	STATE ZIP
14625 S. Mountain Pruy #1020 COMMITTEE'S PHONE # COMMITTEE'S FAX #	Phoenix	AZ 85044
	COMMITTEE'S E-MAIL ADDRE	SS
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)		
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)		
Jeff Vial		
DESIGNATED INDIVIDUAL'S ADDRESS	CITY	STATE ZIP
14625 S MOUTOIN PKWY #1020 DESIGNATED INDIVIDUAL'S FAX#	Phoenix	AZ 85044
DESIGNATED INDIVIDUAL'S TELEPHONE DESIGNATED INDIVIDUAL'S FAX #	DESIGNĂTED INDIVIDUAL'S E	-MAIL ADDRESS
*480 203-9616 480 759-1736	JD@ Veta	Piol.com
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).		
Bonk of America		
DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby		
designate 1 8 4 4 Vial as my duly authorized Designated Individual, with the		
authority to withdraw funds and make expenditures from my campaign account on my behalf.		

Date: Z-10-04

Candidate's signature: All I w

CCEC-003-APP/CERT-08/28/01

Or ph 2-10-04